

## FACILITY REPORT

Facility Registration Number Inspector Signature Facility Name  Practitioner Name (Street Address) Survey Date (City)  (State)  (9-Digit Zip)  (Phone)  (County) 

Survey Type (circle): Initial Reinspection Audit FDA Contract

Number of machines at Facility  Number of Tubes  Number of Operators 

List names of Certified Operators, OJT Students, and other people taking x-rays at the facility on the Comment Page.

Mammography <input type="text"/>	Dental Intraoral <input type="text"/>	Therapy-Initial <input type="text"/>
Veterinary <input type="text"/>	Chiropractic <input type="text"/>	Therapy-Routine <input type="text"/>
Portable/Mobile <input type="text"/>	Podiatric <input type="text"/>	
Therapy Simulator <input type="text"/>	Fluoroscopic <input type="text"/>	
	Stationary Radiographic <input type="text"/>	

Badge Records: Satisfactory  \*Unsatisfactory  Not Applicable 

## General Information Report:

1. Facility Registration Certificate from ISDH posted in office:
2. Notification of Compliance posted in office and at control panel
3. Written safety procedures and rules provided:
4. Gonadal shielding available for patients and ancillary staff:

Yes

No


## Record Maintenance:

These records shall be available for review in facilities built after 1985:

1. Model and serial numbers of all Certified components
2. Plan review of the facility
3. Records of surveys and calibration, maintenance, and modification

Present

Not Present


In addition, the following records will be available in facilities built after 1993:

5. Safety survey for new/modified facilities after 1993